

**IOWA DEPARTMENT OF NATURAL RESOURCES**  
**AFO Desktop Assessment Form**

<b>Assessor:</b>	Chris Gelner			<b>Assessment Date:</b>	1/4/2018		
<b>Documentation Examined:</b>							
<input checked="" type="checkbox"/> AFO Siting Atlas		<input checked="" type="checkbox"/> Facility File		<input checked="" type="checkbox"/> FOCD		<input checked="" type="checkbox"/> AFO Database	
<input checked="" type="checkbox"/> MMP		<input checked="" type="checkbox"/> Public Mapping Information <u>Google Maps</u>			<input type="checkbox"/> Other _____		
<b>FACILITY LOCATION</b>	FACILITY: <b>Buchwash 3</b>				FACILITY ID#: <b>65463</b>		
	ADDRESS: <b>1640 Jackson Avenue</b>		CITY: <b>Independence</b>		STATE: <b>IA</b>	ZIP: <b>50655</b>	
	PLSS: <b>Section 3, Washington Township (T89N, R09W), Buchanan County</b>						
<b>OWNER</b>	NAME: <b>Buchwash 3, LLC</b>						
	ADDRESS:		CITY:		STATE:	ZIP:	
	WORK:		HOME:		CELL:		
	EMAIL:						
<b>ANIMAL INFORMATION</b>	ANIMAL TYPE(S)		CAPACITY	CURRENT HEAD	# OF PENS	# OF BUILDINGS	
	Swine – Finish		4,800	Unknown	Unknown	1	
<b>FACILITY TYPE</b>	<input checked="" type="checkbox"/> Confinement		<input type="checkbox"/> Open Lot		<input type="checkbox"/> Combined		
<b>STORAGE TYPE</b>	<input checked="" type="checkbox"/> Liquid		<input type="checkbox"/> Dry		<input checked="" type="checkbox"/> Covered		
<b>STORAGE STRUCTURE TYPE</b>	<input type="checkbox"/> Earthen Manure Storage Structure		#	<input type="checkbox"/> Anaerobic Lagoon		#	
	<input checked="" type="checkbox"/> Below Building Pit		# 1	<input type="checkbox"/> Aerobic Lagoon		#	
	<input type="checkbox"/> Outside Concrete Pit		#	<input type="checkbox"/> Outside Stockpile		#	
	<input type="checkbox"/> Slurry-store		#	<input type="checkbox"/> Covered Stockpile		#	
	<input type="checkbox"/> Unknown						
<b>AFO/CAFO Status</b>	<input checked="" type="checkbox"/> Large CAFO <sup>†</sup>		<input type="checkbox"/> Medium AFO		<input type="checkbox"/> Small AFO		
<sup>†</sup> All large CAFOs require an onsite inspection.							
<b>NEAREST WATERCOURSE</b>	Watercourse Name: <b>Unnamed Tributary to Otter Creek</b>						
	Distance between facility and nearest watercourse:		<input checked="" type="checkbox"/> < ¼ mile <sup>††</sup>		<input type="checkbox"/> > ¼ mile		
	Description of flow path(s) to watercourse: <b>North about 980 ft to UT Otter Creek</b>						
<sup>††</sup> All medium combined or open lot AFOs within a ¼ mile of a watercourse and that drain towards that watercourse require an onsite inspection. All medium confinement AFOs that utilize uncovered manure/litter storage and are within a ¼ mile of a watercourse and that drain towards that watercourse require an onsite inspection.							
<b>COMPLIANCE HISTORY</b>	Has there been a discharge to a Water of the U.S. within the last 5 years?				<input type="checkbox"/> Yes <sup>†††</sup>		<input checked="" type="checkbox"/> No
	If yes, did the facility permanently remedy the cause of the discharge?				<input type="checkbox"/> Yes		<input type="checkbox"/> No
					<input type="checkbox"/> Unknown		
	<sup>†††</sup> All medium confinement AFOs that have discharged to water of the U.S. within the last 5 years require an onsite inspection.						
	Has there been a significant release within the last 5 years?				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
	If yes, did the release present a significant threat of discharge?				<input type="checkbox"/> Yes*		<input type="checkbox"/> No
					<input type="checkbox"/> Unknown		
	* All medium confinement AFOs that have had a significant release in the last 5 years and the release presented a significant threat of discharging to a water of the U.S. require an onsite inspection.						
	Have there been any complaint investigations?				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
	If yes, describe:						
Has an onsite inspection been conducted at this facility since 11/1/11?				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
If yes, was the inspection functionally equivalent to facility type specific SOP (i.e., confinement, open feedlot or combined)?				<input type="checkbox"/> Yes**		<input type="checkbox"/> No	
				<input checked="" type="checkbox"/> N/A			
Inspection Date:		Describe:					
** No onsite inspection is required if a functionally equivalent inspection has been performed since 11/1/11.							

<b>RUNOFF ASSESSMENT</b>	Is there evidence that manure, litter, or process wastewater is uncontrolled and/or unmanaged?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
	If yes, describe:				
	Are there tile intakes within 100 feet of the production area?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown
	If yes, describe:				
	Does the facility utilize uncovered/uncontrolled composting areas?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown
	If yes, describe:				
<u>Note: If assessor answered "Yes" to any of the questions in this section, then an onsite inspection should be performed.</u>					
	Assessment Notes/Comments:				
	Facility inspection to be conducted based on Large CAFO regulatory status.				
	<input checked="" type="checkbox"/> ONSITE INSPECTION REQUIRED.		<input type="checkbox"/> ONSITE INSPECTION <u>NOT</u> REQUIRED.		
<b>AUTHENTICATION</b>	INSPECTOR: Chris Gelner <i>Chris Gelner</i>	DATE: <i>1/4/18</i>	REVIEWER: Brian Jergenson <i>Brian Jergenson</i>	DATE: <i>1/4/18</i>	
Note: This assessment was based on the information available on the date of the assessment. Conditions at this facility could change.					